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ABSTRACT

The proceedings of the second in a series of workshops on dental hygiene education and practice are presented: The opening remarks are by Cheryl Westphal. Papers categorized as "Considerations for the Professionalization of Dental Hygiene" are as follows: "Socio-Economic Viewpoint" (Gary Gaumer); "Political Science Viewpoint" (Lelia Helms); "Consumer Viewpoint" (Charles Inlander); Legislative Viewpoint" (Mary Schantz); and "Dental Hygienist Viewpoint" (Cathy Turbyne). A discussion of the future roles of dental hygienists is moderated by Linda Kraemer. A closing session is moderated by Cheryl Westphal. A poster session on dental hygienists' roles includes the following papers: "Community Health Dental Hygiene" (Patricia Bowen); "Change Agents Expand Career Options: Dental Hygienists in Hospitals" (Marcia Brand); "Dental Auxiliary Training Program, Roles for Dental Hygienists" (Cynthia Chappelka, Paula Parise, and Janet Scharer); "The Dental Industry: A New Role for Dental Hygienists" (Marianne Clancey, Kathleen Ferraro, and Cynthia Noonan); "Health Promoter" (Gloria Crawford and Deborah Miller); "Patient Care Coordinator" (Diane Curley and Ligourie Shinnamon); "A Dental Hygienist as a Manager" (Sara Dunham); "The Dental Hygienist as a Researcher" (Beverly Entwistle); "Coordination of a Clinical Cleft Palate Team: A New Concept in Dental Hygiene" (Robin Faris); "Dental Hygienist: Entrepreneur" (Jane Forrest); "Change Agent: Creating Change Through the Legislative Process" (Sharon Golightly); "The Dental Hygienist as Coordinator of a Dental Service for Persons with Disabilities" (Lynette Lancial); "Nursing Home Dental Services Director" (Mary Masterson); "Hospital Dental Hygiene" (Kathryn Moore); "The Role of the Dental Hygienist as a State Dental Public Health Program Director" (Ruth Nowjack-Raymer); "Gerodontic Project Coordinator" (Martha Reynolds); "Hospital Dental Hygiene" (Ardath Rynning): and "The Dental Hygiene Associate" (Mary Vanderah). Also attached are an evaluation of workshop II, group leaders, participants, and representation maps. (SM)

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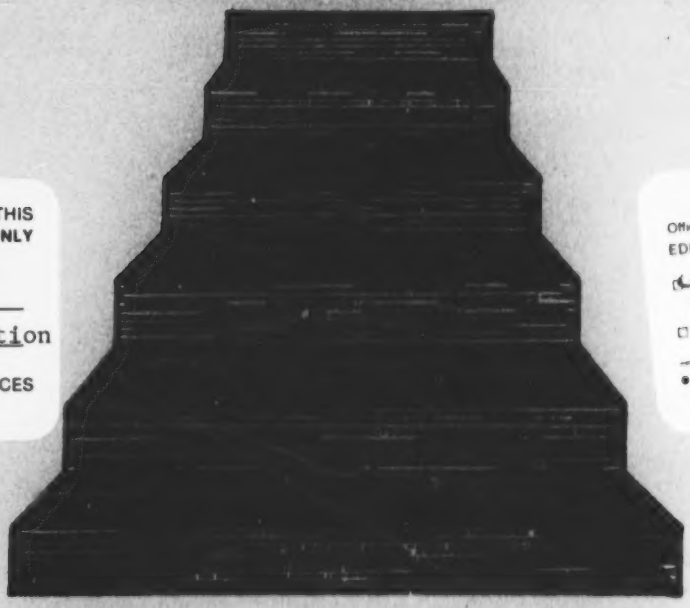
STEPS TO THE FUTURE

Dental Hygiene Education and Practice Workshop II



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PROCEEDINGS

April 25 - 27, 1985

Galt House

Louisville, Kentucky

Sponsored by the American Dental Hygienists' Association

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ACKNOWLEDGMENTS

The American Dental Hygienists' Association wishes to thank every dental hygiene practitioner and educator who participated in and contributed to the success of the workshop. Your presence made a significant difference. Gratitude must also be expressed the our panelists who shared their expertise by providing insights that established a framework for our deliberations. Dental hygienists who shared future professional roles through the presentation of poster sessions are to be congratulated for provoking our imagination and showing us options for the future practice of dental hygiene. The Group Leaders, giving willingly of their time and expertise, enabled us to consider a myriad of views in a forthright, positive manner for which we are very grateful.

Appreciation is also extended to the John O. Butler Company for supporting the luncheon and for providing table favors for all to enjoy. Oral B graciously contributed to the reception and and provided the folders for the participants' materials. We appreciate this generosity. ADHA is encouraged that these members of the dental industry have shown such support and commitment to the profession.

The success of any workshop can be measured in a variety of ways-- the participants, representation, content, discussion and outcome. It is our feeling that the workshop was most successful and will provide a pathway for the future education and practice of dental hygiene professionals. The ADHA is pleased to have provided support for the Dental Hygiene Education and Practice Workshop II.

STEERING COMMITTEE

Peg Ryan, Chairman, Oregon, Oregon Health Sciences University

Pauline Brine, Iowa, University of Iowa

Sara Dunham, Georgia, Dental Hygiene Practitioner

Linda Kraemer, New Jersey, Thomas Jefferson University

Pauline, Schmidt, Ohio, Owens Technical College

Cathy Turbyne, Maine, Dental Hygiene Practitioner

Cheryl Westphal, New Jersey, ADHA President

Sally West-Winship, Missouri, Johnson County Community College

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INTRODUCTION

The April 24-26, 1985, Workshop on the Future of Dental Hygiene Education and Practice which was held in Louisville, Kentucky, was the second in a series of workshops sponsored by the American Dental Hygienists' Association. The Workshops are part of the process of developing national consensus within the dental hygiene community on goals for dental hygiene education and practice.

The Workshop series was proposed by the directors of dental hygiene education programs who attended the June 1983 National Dental Hygiene Directors' Conference in Provincetown, Massachusetts. The proposal emanated from the directors' concern about the lack of an integrated and purposeful plan for continuing development of education programs. The need for national consensus on goals for dental hygiene education, and definition of the education system required to meet those goals was identified as critical.

Realizing that charting direction for the future required a partnership of educators and practitioners, the directors proposed that the workshops be sponsored by the Amerian Dental Hygienists' Association. The Association accepted the proposal and a Steering Committee was appointed from the group of educators nominated by the directors in Provincetown. Committee members were selected to represent different types of entry level dental hygiene education programs. The Steering Committee was charged with planning a series of workshops which would provide opportunity for consensus development on issues which are fundamental to defining direction for the future.

The Workshop series has been designed to parallel the major steps which generally are taken in planning educational programs. First, a philosophy which reflects relationships between society and the discipline is developed. Then, the roles and responsibilities graduates will be required to fulfill are defined in the context of the environment in which they will be practicing or employed. This step requires consideration of a variety of factors and projection of conditions in the future. Definitions of roles and responsibilities dictate general content of the educational program or curriculum. Once the content scope and depth are determined, the level and length of education required to provide that content can be established. In the absence of application of such a program development process, evolution will be controlled by an arbitrarily defined time frame and

traditional content areas which may not be valid in tomorrow's world.

Workshop I, which was held in July 1984, was designed to provide opportunity for dental hygiene educators and practitioners to consider broad societal trends as they relate to public needs and values, and health care delivery. Participants identified those trends or conditions which they believed would or should provide signals for charting the future of dental hygiene.

Participants in Workshop I expressed consensus on several major issues. They agreed that conditions of society are changing and those changes are dictating development of new approaches to health care delivery. They agreed that adaptability of health practitioners will be critical to the survival of individual "species," and therefore, knowledge based education and practice are essential. They agreed that not only must the nature of dental hygiene education change but the relationship of dental hygiene to other health disciplines must also change. They recognized that the educational preparation of practitioners cannot be confined to long established and narrowly defined standards of length and content, and that an insightful and innovative construction of a new education structure is needed. They identified six major roles of dental hygienists which relate to projections of the future, and would establish dental hygiene as an essential component of the nation's health resources. The consensus on issues discussed in Workshop I provided a philosophic framework for charting direction for the future.

The goals for Workshop II were formulated from the outcomes of Workshop I. They included consideration of the political, sociologic and economic issues that directly bear on future roles of dental hygienists; definition of the roles identified in Workshop I and determination of the roles and responsibilities of the entry-level professional dental hygienist. A fourth goal, to identify the knowledge and skills required for the defined roles, was projected. However, discussion of the issues that bear on the future, and identification roles and responsibilities took precedence, and time was reallocated to those discussions. Expertise from the education community will be utilized in defining the knowledge and skills required for the roles.

To assure that a balanced and broad representation of the dental hygiene community would be involved in developing consensus on future roles and responsibilities, each constituent dental hygiene association of ADHA was invited to send two representatives and each dental hygiene program was

invited to send one representative to the Workshop. In addition, graduate students in dental hygiene were invited to participate. Following advance registration of constituent and education program representatives and graduate students, registration was opened to other dental hygienists wishing to attend. The total number of participants was 188. Information on geographic distribution and area of representation of participants is presented on pages 66 to 69.

As a result of deliberations during Workshop II, consensus on future roles and responsibilities of entry-level professional dental hygienists was developed. That consensus reflected participants' commitment to development of broader roles and increased practice options for dental hygienists. More importantly, it reflects affirmation of dental hygienists' commitment to promoting the health of all segments of society in ways which are consistent with societal conditions and needs. Finally, it reflects recognition that dental hygiene is an important health resource, and is gaining recognition for its contributions to society.

The outcomes of Workshop I and II will provide the background for deliberations of Workshop III. The goals for the third workshop will be to identify the type and scope of curricula required to prepare entry-level professional graduates for changing roles and responsibilities; to identify educational system modifications which will be required to offer those curricula; and to develop strategies for effecting those modifications. Recommendations emanating from the Workshops will be transmitted to the communities of interest and ultimately will influence policies, programs and positions of the American Dental Hygienists' Association.

PROGRAM

APRIL 24, 1985

6:45 - 8:30 PM	Reception/Poster Session on Dental Hygiene Roles for the Future (Fountain Room)	

APRIL 25, 1985

9:00 AM	Introduction (Cochran Room)	Cheryl Westphal President, ADHA
9:30 AM	Panel - Considerations for the Professionalization of Dental Hygiene (Cochran Room)	Moderator, Sally Winship Gary Gaumer, BS, PhD Lelia Biggs Helms, PhD, JS Charles B. Inlander, BA Mary K. Schantz Cathy Turbyne, RDH, BS, MS
12:00 PM	Lunch (Provided) (Archibald Room)	
1:15 PM	Interaction of Panel Members on The Future of Dental Hygiene (Cochran Room)	
3:00 PM	Audience Interaction on The Future of Dental Hygiene (Cochran Room)	
4:30 PM	Summary (Cochran Room)	
5:00 PM	Recess	

APRIL 26, 1985

DENTAL HYGIENE ROLES OF THE FUTURE

8:30 AM	First General Session - Background (Cochran Room)	Moderator, Linda Kraemer
9:00 AM	Group Sessions	

King's Head Room - yellow square
Corn Island Room - blue square
Old River Room - orange square
Queen Room - green square
Liverpool Room - red circle
Mayor's Room - green circle
Commissioner's Room - blue circle

APRIL 26, 1985

9:00 AM — Group Sessions (continued)

General's Room -	red square
Kent Room -	yellow circle
Turf Room -	white circle
Lord Crewe/Oak Room -	white/blue square
Cochran Room -	green/orange square

11:00 AM — First General Session Consensus on Roles (Cochran Room)

12:30 PM — Lunch (On your own)

SCOPE OF COMPETENCIES FOR FUTURE DENTAL HYGIENE ROLES

1:30 PM — Second General Session - Background — Moderator, Pauline Schmidt (Cochran Room)

2:00 PM — Group Sessions

King's Head Room -	yellow square
Corn Island Room -	blue square
Old River Room -	orange square
Queen Room -	green square
Liverpool Room -	red circle
Mayor's Room -	green circle
Commissioner's Room -	blue circle
General's Room -	red square
Kent Room -	yellow circle
Turf Room -	white circle
Lord Crewe/Oak Room -	white/blue square
Cochran Room -	green/orange square

3:30 PM — Recess

APRIL 27, 1985

SCOPE OF COMPETENCIES FOR FUTURE DENTAL HYGIENE ROLES (Continued)

8:30 AM — Group Sessions (continued)

King's Head Room -	yellow square
Water Poet Room -	blue square
Old River Room -	orange square
Mayor's Room -	green circle
Dell Quay Room -	green square
Liverpool Room -	red circle
General's Room -	red square
Commissioner's Room -	blue circle
Kent Room -	yellow circle
Turf Room -	white circle
Lord Crewe/Oak Room -	white/blue square
Cochran Room -	green/orange square

APRIL 27, 1985

10:00 AM	Second General Session Concensus on Scope of Curriculum Content (Cochran Room)	
12:00 PM	Lunch (On your own)	
1:15 PM	Summary (Cochran Room)	Cheryl Westphal President, ADHA
2:15 PM	Adjourn	

OPENING REMARKS

Cheryl Westphal, President
American Dental Hygienists' Association

"...Professions are made --- they are created by humans, not divine inspiration. They mature through the hard work and vision of people from within the profession who have a commitment to a new or better service to mankind." Many of you heard Dr. Carol Lindeman make that statement at Workshop I last summer. It continues to be meaningful for us today. On behalf of the American Dental Hygienists' Association it is my pleasure to welcome each and every one of you and to invite you, as members of the profession who have exhibited the necessary vision and commitment, to participate in this Workshop as we plan the "Steps to the Future" for our profession.

Society in the United States is changing rapidly, causing a change in the needs and values of the society, particularly in terms of education and health care. As the trends cited by Dr. Barbara Kramer in Workshop 1 continue to evolve, the solo private dental practice, which is now the most common practice setting for both dental hygienists and dentists, will give way to other more cost-effective modes of delivery, such as group practices, clinics and residential treatment facilities. The health care consumer will be better informed and will actually seek a rational approach to health care delivery. We know that disease patterns are changing and will continue to change. There will be greater emphasis placed on health promotion, disease prevention, wellness, self-care, home care, and many other concepts that we can only try to predict. These changes will create a need for the dental hygienist to use skills other than clinical skills to a much greater extent than is common practice today. In this changing environment a new definition of the professional and professionalism will emerge and the criteria of the past will serve only partially to define the future. It is up to us to do the rest.

The Steering Committee has worked diligently in planning the Workshop series to identify the issues which must be addressed, to invite dental hygiene leaders to meet together as representatives of the profession, to structure the Workshops as open forums in order to gain national consensus and to insure that decisions which must be made are addressed in the Workshops. It has been a difficult task and we have really just begun.

The issues to be addressed are complex and multifaceted. As dental hygiene leaders, we have diverse views based on our varied knowledge and experience, all of which are valuable to these deliberations. But, we all share a common overall purpose - to serve the public. Our task is to pool all of our resources and, through a process I will call "creative evolution," to plan the best solutions for the problems which we face in meeting the needs of mankind and the dental hygiene profession.

The decision to risk is difficult for most of us. Yet risking provides the opportunity for growth. When we met together last year, the challenges presented to us were addressed with a growth and maturity that came from a willingness to take risks in order to create a positive and dynamic future for dental hygiene. The tasks before us today are no less difficult. Change can be painful --- even thinking of change can be painful, but it can also be very exciting. It is important for us to remember that the changes which are proposed will not take place today or tomorrow, but sometime in the future. There are solutions. We must be diligent and persistent enough to create them.

Hygienists are creative and strive for excellence. We have a forum here to voice our concerns and opinions. Everyone's views represent needs which exist. They must be considered if the solutions are to be embraced by the total profession. We need the strength of consensus on these solutions if we are to be successful.

We don't have the solutions yet --- we are in the process of finding them. This is your challenge as a participant and our challenge as a profession.

The American Dental Hygienists' Association is pleased to provide support for the Dental Hygiene Education and Practice Workshops. As your professional association, we exist to promote the profession of dental hygiene as we strive to meet the health care needs of the public. This forum for discussion has been provided to determine the future needs of dental hygienists. ADHA will plan for the future based on decisions that are made in this series of Workshops. Dental hygiene practitioners and educators attending the Workshops will make decisions that effect education, research, legislation, and most importantly, the public we serve.

In reviewing responses to the Workshop II pre-questionnaire, common expectations and issues became apparent. Respondents want to define dental hygiene roles, unite as a group, establish a profession, provide direction for dental hygiene

education and assume control of our future. The reported issues facing the profession are consumer access to care, funding for dental hygiene programs, employment conditions, preparation for practice in nontraditional settings, restructuring practice acts, entry level into the profession and changing health care and delivery trends. Our ability to face these issues and create a pathway for growth is the essence of the Workshops. I welcome you to Workshop II on the behalf of ADHA as we "Step to the Future."

CONSIDERATIONS FOR THE PROFESSIONALIZATION OF DENTAL HYGIENE

Moderator: Sally Winship

A panel of five individuals was selected to speak on factors that bear on the professionalization of dental hygiene. They were asked to consider the following questions:

- What are the public's concerns?
- How are dental hygienists viewed?
- How do we build consumer support?
- How can we turn consumer need into services?
- How do occupations become valued by society?
- How do we influence legislation?
- How can we compete among other occupations?
- How can we assume responsibility for our profession?
- HOW CAN WE BRING ABOUT CHANGE?

The panelists were:

Gary L. Gaumer, BS, PhD, Senior Economist, ABT Associates, Inc., Cambridge, Massachusetts.

Lelia Biggs Helms, PhD, JD, Adjunct Assistant Professor, Division of Foundations, Postsecondary and Continuing Education, University of Iowa, practicing attorney.

Charles B. Inlander, BA, Executive Director, People's Medical Society, Emmaus, Pennsylvania.

Mary K. Schantz, Government Affairs Director, Harriet Woods, Lt. Governor of Missouri.

Cathy Turbyne, RDH, BS, MS, Past President ADHA, lecturer, consultant, practicing dental hygienist.

Each panel presenter gave a forty-five minute presentation. Fifteen minutes were allowed for participants' questions at the end of each presentation. Participants directed their questions to the moderator by first giving their names and affiliations followed by their questions. Questions were then referred to the panel member. At the completion of the five presentations, the forum was opened to questions participants wished to ask any of the panelists.

Abstracts of the panelists' presentations follow.

Socio-Economic Viewpoint

Gary L. Gaumer, PhD

Successful development of the profession will require development of a sound economic base. This means expanding the demand for, and use of, dental hygiene services. Part of this may come through increased employment opportunities in dental offices, but it is doubtful that significant improvements will occur here. More interesting are the opportunities for developing a business base, independent, or loosely connected to dental practices.

The main obstacle to overcome is awareness of the cost effectiveness of hygienist services in the eyes of the payer of most health care bills the business/union. Within the dental office environment, preventive hygienist services are being taxed to subsidize the cost of dental repair/restorative services, i.e., the fees for hygiene services are higher than would need to be because of the unneeded overhead expenses. In addition, many dental insurance plans do not cover prevention at all, which may be a form of short-sighted cost containment. Basically, business/union leaders should be the focus of marketing efforts, in hopes of liberalizing benefits, in providing on-site employment opportunities for hygienists, and to cultivate important legislative allies for credentialing reform.

Finally, the profession should be wary of wasting energy in fruitless pursuits. One lesson to avoid, is to attempt to "professionalize" the occupation via elevated educational requirements. Public legitimacy of the group is not enhanced, economic well being is not improved, and aims of autonomy are not furthered. Like nursing, many of the leaders of the "profession" are educators who have a normal preoccupation with such issues; these tendencies should be recognized and avoided. While competency concerns may well dictate some education reform, the dominant underpinnings of professional development are not addressed in such actions, and limited funds and energy are siphoned away from more productive areas of economic development.

Political Scientist Viewpoint

Lelia Helms, PhD, JD

Politics is a term which describes the way in which advantages and disadvantages are distributed among people as individuals, in groups or within society generally. Power describes the wide variety of dynamic elements shaping the outcome distribution of advantages and disadvantages. Power takes many forms, both tangible and intangible. It is highly situational and can be defined only in specific policy environments. There is little equity in the distribution of power with factors such as quantity, timing, status and structures all contributing to differences in power and creating the resources on which to base strategy and tactics. The growing numbers of health care providers increase the complexity of the policy environment but, also present opportunities as access points multiply and dominant organizations lose their ability to coordinate the politics, and represent the stimulus forcing the redistribution of desired benefits. If ADHA wishes to enhance its role in the health care community, it must acknowledge the necessity of conflict as well as develop strategy to obtain desired outcomes.

Another factor for ADHA to be concerned with is that of the multileveled nature of the political process and the key linkage points between levels. Not only must ADHA deal with other organizations, voters, legislatures and administrative agencies, it must pay attention to itself, its constituency and to its internal organizational dynamics. Growth in size and organizational maturity brings a new set of political forces to bear.

Although traditional decision theory argues strongly for rationally defining ADHA goals and the implementing strategies, there are major limits to a rigid application of such an approach. In a complex policy environment with many competitors and scarce resources, advantage often goes to the situationally perceptive actor. Success often occurs at the margins of change, incrementally and not holistically. An incremental, situationally dependent approach to targeting ADHA objectives may in the long run be more productive and less destructive in terms of intra-organizational divisiveness. Approach the definition of goals, strategy and tactics in an incremental, opportunistic fashion, and look at the political process as a continuous, evolving environment requiring constant attention and adaption.

Consumer Viewpoint

Charles B. Inlander, BA

When Ralph Nader published "Unsafe at Any Speed" in the 1960s, he changed the way Americans dealt with institutions. He introduced a wave of consumerism, unlike anything previously experienced in this country.

Consumerism swept the country in almost every nook and cranny. However, it did not come to health and medical services until very recently. When we formed the People's Medical Society two years ago, we did so because every aspect of the medical and health industry was organized: doctors, nurses, dental hygienists, etc. It was time for the consumer to become organized to make the system one that is responsive and accessible to his/her needs.

I was asked to speak to six questions today.

1. What are consumer's priorities or felt needs for health care?

Our priorities are best described in four words: Quality, quality, quality and honesty.

Our needs are information. We do not want lecturing, or patronizing attitudes from health care professionals and we do not want to be blamed for our condition. It is not your role to blame me for my cavities, it is yours to take care of me, or educate me.

2. What are the public's concerns.

We are concerned about cost, quality, access, unnecessary testing and procedures and "health hype." We are concerned that the system works for itself rather than for us.

3. Where do consumer values impinge on shaping the level of occupational development?

They only impinge when the occupation is not responsive to the needs and wants of the consumer. This is clearly evident with the large number of migrants from "traditional" practitioners to the non-physician or "alternative" practitioners. It is also evident by the dramatic increase in the number of malpractice suits and judgements. As an aside, it is important to realize that the number one reason for the dramatic increase in malpractice suits is simply that consumers are waking up to what malpractice is. We are no longer going to tolerate incompetent care from incompetent practitioners. And, since the professions are not policing

themselves in any effective way, we must sue to ultimately get them out of business.

4. How are hygienists viewed and known?

First, you are not viewed as professionals by the general public. You are viewed more as assistants to dentists. Obviously, this is created by the setting in which you work and by the conditions. While you perform preventive functions, you are not generally noted for this, again for the above reasons.

5. How can dental hygienists be responsive to consumer concerns?

By working as partners with the patient or consumer. By not overmedicalizing yourselves and the patient. Don't turn good dental health into a disease. We are making health a disease in this country. If this continues the public will begin to reject much of what you have to offer. You can be more responsive by getting more information out to the public. Put out press releases or take ads with useful consumer information. Indicate it comes from the ADHA.

6. How do dental hygienists go about building consumer support?

Simply by talking to your clients. Let them know what you are doing. Let them know what they can do for themselves. Act professionally to a client and you will get the professional respect and support you need. Talk to other organizations like the People's Medical Society. Ultimately, we can probably do more for you than you can do for yourself because we represent the people. We are voters, we have no ax to grind. We are heard because our only vested interest is our own health. And talk to other organizations outside your professional domain. Talk to the Gray Panthers, the American Association of Retired Persons. Through this kind of dialogue you will achieve your goals.

Legislative Viewpoint

Mary Schantz

My presentation to you today is in a little different format than you may be expecting. I was asked to address the legislative aspect of professionalization. The three specific questions that I was asked to address were:

1. How does an occupation acquire public support?
2. How does an occupation influence a legislative group to champion their causes and objectives?
3. Are there aspects of lobbying not related to the size and wealth of an organization?

In considering these three questions and because you represent all 50 states and a wide variety of legislative achievements, I felt that a good example would be to tell you a story that occurred in the state of Missouri in 1982 and 1983. This story is not unique to Missouri and I think you will all be able to relate to this example. Certainly I want to bring out the specific questions and try to focus on some of the practical aspects of power and politics within a legislative body.

In Missouri, dental hygienists are licensed profession by the Missouri Dental Board, a seven member board that consists of dentists and one public member. The Missouri Dental Hygienists' Association decided to introduce legislation to add a hygienist to the Missouri Dental Board as a full voting member. A summary of the sequence of events follows:

A newspaper article appeared in a large metropolitan paper indicating that dental hygienists were not being used to their fullest potential to serve the public. The Missouri Dental Board was outraged and retaliated by reducing the role of dental hygienists in Board and testing procedures. The Missouri Dental Hygienists' Association contacted an attorney about possible litigation against the Missouri Dental Board. The dental hygiene association also contacted each of their members asking for support, both financial and the commitment to work for passage of legislation. The Missouri Dental Hygienists' Association hired a lobbyist. With two committed sponsors, one in the House and one in the Senate, they presented their bill to the Missouri Dental Board hoping for the Board's support. The Missouri Dental Board opposed the legislation. The dental hygienists and the lobbyist effectively lobbied, and the bill passed. There was some compromise, the final form was for a dental hygienist as a

full voting member, except on matters of dental licensure and suspension.

Some of the points brought out in the story, which is only summarized, were:

1. It took a catalyst, a newspaper article, to prompt the board, out of anger, to take an action, which in turn forced the dental hygienists, out of frustration, to take an action.
2. Legislators are just people, like you and me, and they respond to people. People in trouble, people oppressed, people outraged, angry and frustrated.
3. Organization, persistence and follow-through on the part of the hygienists made the difference for a successful bill.
4. Lobbyists, like everyone, can be influenced, by either side and for the right and wrong reasons.
5. Selection of a lobbyist is crucial.
6. The dental hygienists hired a male lobbyist. He did an outstanding job. The legislative bodies in this country are male dominated, and sometimes being a male is a real advantage, however, a strong point can be made for women promoting women, helping women. Through increased power, money and access to the system, women will be able to break into the system and establish themselves. I encourage women's organizations, professions, and groups to utilize women professionals when possible.
7. This bill did not really require public support. It did require a lot of internal support. Most legislation does require public support.
8. The dental hygienists were able to establish a good, positive image in the legislature and this was very important to the bill's passage and will also be helpful when the hygienists come before the legislature again.
9. Money was never a real issue in this legislation. Dedicated dental hygienists were able to donate personal money and time. This is often not the case.
10. The time frame to pass this bill was totally unrealistic. June 1982 to June 1983. Realistically even a non-controversial bill takes 2-3 legislative sessions.
11. This bill was not highly controversial and the full strength of the Dental Association was not used.

I do not know if dental hygiene issues are "women's issues". I hope they are all of our issues. I do know that women are a majority of the population. The number of women in the marketplace is growing, yet women are largely segregated into a small section of the job market, into "women's jobs"; librarians, social workers, nurses, dental hygienists, allied health care professionals, child care professionals and teachers. These professions, by virtue of their sexual composition, their importance to society or whatever, are undervalued by society and by those inside the professions;

and they are underpaid. A woman earns 59 cents for every dollar earned by a man...can that be an accident? Just as these dental hygienists were willing to take a risk, the risk of failure, the risk of jeopardizing a relationship, the risk of embarrassment, the risk of change, just as they were willing to take a risk, we must all be willing to take risks, as professionals, as women, and as people. Setting high goals, having a dream and making it come true, taking risks is the name of the game.

We must not sit back and let others control our futures. We must be willing to change. We must take charge of our lives and shape our own futures.

Dental Hygienist Viewpoint

Cathy Turbyne, RDH, MS

We in dental hygiene are in the midst of planning our professional destiny. In Denver, we assessed national socio-economic and technical trends and explored potential roles and education of emerging professions. It is clear from this assessment, that traditional roles and education in dentistry and dental hygiene have not and will meet the demands and expectations of the evolving health care system, or the expectations of the contemporary consumer. Dentistry's conservative reaction to critical shifts in public demand, unmet needs and market factors affecting the profession, has placed increased stress on the traditional dental/dental hygiene relationship. A collision of values, goals, educational and licensing control, practice methods, authority and settings is forcing dental hygiene into new arenas for survival.

I quote from the ADHA Dental Health Initiative Hearings on Needs: "Dental hygienists, collaborating with other allied health personnel can make a significant difference in the national effort to increase access to affordable health care. The services dental hygienists provide are relevant to both oral health and such other concerns as disease prevention, mental and social health, health promotion, alcoholism, drug abuse, and problems relating to aging. They are also relevant to new settings such as rural clinics, health maintenance organizations and hospices.

"In order to achieve the goals of quality service and cost effectiveness, dental hygienists should take a leadership role in the planning and management of integrated oral health care. The dental hygienist's clinical role can be effectively utilized in non-traditional practice settings, and achievement of optimal oral health can be greatly enhanced for patients, if the dental hygienist is allowed to provide triage service. Dental hygienists can also conduct research in clinical practice settings to test and design better methods of oral health delivery, improve access to care and provide continuity within the system. The challenge will be to educate a new generation of dental hygienists who assume a synergistic approach to preventive dental care.

"As a profession, dental hygienists are at the forefront of change. The ability to provide preventive dental care services, and the commitment to meet the needs of the public exist in the dental hygiene profession."

It is time for dental hygiene to explore its potential and alternatives. We must define the dental hygienist of the future as a new flexible comprehensive model, multifaceted in education and ability, whose role is based on public need and national trend assessment.

Once this model is part of the social contract with society, dental hygiene will be able to "collaboratively" relate to all professional groups, including dentistry.

"Collaboration means true partnership, in which the power on both sides is valued by both, with recognition and acceptance of separate and combined spheres of activity and responsibility, mutual safeguarding of the legitimate interests of each party, and a commonality of goals that is recognized by both parties. This is a relationship based on recognition that each is richer and more truly real because of the strength and uniqueness of each other."

Once the model is defined and developed, the current concerns and future questions of profession versus vocation; four versus two year curriculum; autonomy versus dependency in education, practice and licensure; and how to gain public awareness and support, will be easier to evaluate and answer.

FUTURE ROLES OF DENTAL HYGIENISTS

Moderator: Linda Kraemer

The major goal of Workshop II was to define roles of the entry level professional dental hygienist of the future in terms of the responsibilities associated with each role. Participants in Workshop I identified six roles which they perceived to be essential components of every dental hygienist's practice in the 21st century. Identification of the roles had been stimulated by a series of three presentations which projected changes in society, health care, and health professions education. Some salient points from those presentations follow:

- The impact of technology and movement from an industrial to an information-based society will require dental hygienists to be knowledge workers rather than technology appliers.

- The importance and value of the dental hygienist's role in health promotion and prevention will increase as consumer expectations and needs reflect a greater orientation toward self-care and wellness.

- Demographic changes and consumer expectations will mandate that dental hygienists be prepared as health professionals, with general knowledge, who can adapt to diverse populations and technologically sophisticated methods of health care.

- Societal changes raise questions about the time-limiting nature of some professions; and those groups who do not define themselves broadly and in terms of the future will be left behind.

- Concurrent yet conflicting demands of society, health care and higher education require health professionals to create a new defintion of practice which will hold in a dynamic, ever-changing world.

Based on projections of society's future needs and demands and advancing technology in the health fields, six roles in which dental hygienists should be able to function in the future were identified. They are:

Administrator/Manager
Change Agent
Clinician
Consumer Advocate
Educator/Health Promoter
Researcher

During Workshop II, five panelists presented perspectives of economics, political science, legislation, consumerism, and dental hygiene which provided workshop participants with the theoretical tools to define future roles of dental hygienists. The economist advocated that dental hygiene needed to carve out a larger "piece of the pie" by seeking support from the business community. To do so, dental hygienists will need skills to function as change agents, managers and researchers. The political scientist called upon dental hygienists to address issues on multiple levels and to understand and use the political process rather than to fear it. To do so, dental hygienists will need skills to function as change agents. The legislator shared ways in which dental hygiene can acquire public support and influence legislative groups. To do so, dental hygienists will need skills to function as change agents as well as educators/health promoters. The consumer advocate asked dental hygiene to engage in a partnership with consumers, which will require functioning in the consumer advocate, researcher, health promoter and clinician roles. The dental hygienist panel member envisioned the dental hygienist of the future as one who is multifaceted in education and ability, and is capable of visionary, expansive, and integrated thinking and action. This will require that the dental hygienist of the 21st century possess skills and knowledge required to function in all six roles.

Workshop participants defined future roles of dental hygienists through group process. The task of the groups was to define the six roles based on the presentations in Workshop I, panel presentations in Workshop II, and the working drafts of the responsibilities for each of the six roles. A role was defined as a configuration of specific responsibilities; and responsibility as that for which one is accountable. It was repeatedly emphasized that an individual dental hygienist would function in all six roles. Emphasis on one or more roles would vary depending upon the nature of the hygienist's practice. The roles were not considered areas of specialization.

Participants were divided into twelve groups, each with an assigned group leader and a professional facilitator. All groups used the nominal group process to consider each role and accompanying responsibilities as presented in the working draft. Groups were informed they could delete, add or modify entire roles as well as the specific responsibilities. Early in the group sessions it was determined that more time would be needed for review and deliberation of the roles. Therefore, the workshop program was modified so that the

small groups as well as the general assembly could be devoted entirely to the role deliberations.

In the first general session, group leaders presented their group reports. Each role and every responsibility was considered and additions, deletions and amendments were made. All participants had the opportunity to make recommendations. The recommendations were presented in the general assembly by the Steering Committee and were presented again during the second general assembly session. Participants were given the opportunity to consider every item, and to again add, delete or amend each responsibility. New recommendations were also presented. The assembly voted on every item.

The following six roles, which are defined in terms of responsibilities, represent the Workshop participants' concept of the entry level professional dental hygienist of the future.

ADMINISTRATION/MANAGEMENT ROLE

The dental hygienist in an administrative/managerial role:

- utilizes data collection, persuasion and protocol skills to justify initiation and development of health promotion or health care.

- organizes and programs oral health services for consumers.

- communicates objectives of the program to consumers, health professionals and/or agency personnel.

- identifies, gathers and procures necessary resources for program operation.

- applies organizational skills in formulating policies and procedures and in carrying out operational aspects of the program.

- manages resources effectively and efficiently.

- evaluates program quality in relation to predetermined goals, perceived needs of the population served, and cost effectiveness.

- modifies the program on the basis of evaluation results.

CHANGE AGENT ROLE

The dental hygienist in a change agent role:

- works with individuals, organizations, agencies and social institutions which have authority for, or influence conditions which bear on dental hygiene education and practice.

- analyzes barriers to change and diagnoses forces of resistance.

- creates an atmosphere conducive to the dynamics of change and selects change mechanisms that are compatible with the target of change.

- introduces aspects of desired change to those believed to be most receptive to the change.

- develops mechanisms to redefine the existing systems, beliefs, attitudes, values, or behaviors to relate to the desired change.

- implements the change process involving the target or change in the process of managing the change effort.

- evaluates the success of integrating and sustaining the change action.

- promotes public's well being and attainment of dental hygiene's goals for professionalization development and recognition.

- uses appropriate areas of influence to promote health for individuals, families or communities.

CLINICAL ROLE

The dental hygienist in a clinical role:

- accepts the consumer as a partner in providing preventive and therapeutic oral health care which includes:

  - assessing the consumer's oral health status
    - develops comprehensive oral health profiles based on health histories, clinical examination, and the individual's knowledge, attitudinal, and behavioral chatacteristics which would serve as the basis for referral, provision, evaluation and followup of therapeutic and preventive professional services.
  - planning for treatment and disease prevention, intervention or control
    - prioritizes oral health needs of consumers and makes referrals to appropriate treatment centers.
    - performs dental hygiene diagnoses and makes

appropriate referrals.
  - determines which treatment needs are within her/his scope of training and abilities, provides treatment, and assess patient responses during treatment and the treatment outcomes.
- implementing appropriate clinical services
  - adapts oral health prevention, treatment, and education programs to the existing knowledge, values and behaviors of consumers served.
  - designs systems to monitor oral health prevention, treatment and education programs to ensure that services are effective and efficient.
- evaluating the effectiveness of the consumer's self-care and dental hygiene care in attaining or maintaining oral health
  - interprets current research on disease prevention and control, and applies research in designing and implementing oral health services.
  - identifies group dynamics and communication patterns among health personnel and, where necessary, develops behavior intervention strategies to promote efficient and effective health care delivery.

- works independently or in collaboration with other health care professionals to provide dental hygiene care in a professionally autonomous manner to a general or specific group of people for the purpose of promoting health and preventing disease.

- provides care with full knowledge of and adherence to moral, ethical and legal responsibilities.

CONSUMER ADVOCATE ROLE

The dental hygienist in a consumer advocate role:

- uses strategies to influence those who control access to oral health care (eg. legislators, health agency personnel, organizations, general public) for the purpose of obtaining health services for individuals and groups.

- represents individuals or groups in procurement of needed oral health services and assists them in obtaining services.

- develops networking systems to bring existing health problems and available resources together to resolve problems.

- monitors the quality of professional services and consumer self-care programs.

- advises consumers on the relative worth of payment mechanisms, commercial products, political issues affecting oral health, and criteria for evaluating professional services.

- uses screening, referral and persuasive skills to bring people into health care delivery systems.

- applies legal, financial and informational leverage to protect oral health care for consumers.

EDUCATION/HEALTH PROMOTION ROLES

The dental hygienist in an education/health promotion role:

- applies knowledge of health and disease as well as educational theory and methodology in
  - assessing the health knowledge and oral health status of individuals and groups.
  - planning health education.
  - transmitting current concepts, facts, and theories of health promotion and disease prevention to individuals and groups.

- analyzes health needs and behavioral characteristics of specific population groups.

- marshals political, organizational and economic support to make health plans and policies operational.

- develops health promotion strategies and health care programs which are attractive and relevant to the social and cultural values of the targeted population and which are based on scientifically accurate information.

- manages resources and delivers programs which are cost effective and utilized by the targeted population.

- works independently or in collaboration with other health professionals to provide health education for the purpose of influencing behavior in a manner that will promote health.

- evaluates health education and health promotion strategies in health care programs through appropriate methods.

- promotes, and recruits for the profession of dental hygiene.

RESEARCH ROLE

The dental hygienist in a research role:

- applies the scientific method in
  - selecting therapeutic and preventive modalities and education content and methods.
  - evaluating the effectiveness of selected procedures, materials and/or methods.
  - modifying oral health care or education on the basis of findings.

- interprets, and evaluates research findings and applies findings to practice.

- uses principles of problem-solving in clinical and non-clinical work efforts.

- participates in studies to determine the validity of procedures, materials or education.

- contributes to the theoretical and scientific knowledge base for dental hygiene practice, through communication of findings.

CLOSING SESSION

Moderator: Cheryl Westphal

At the closing session of the Workshop, participants were encouraged to comment on: 1) the Workshop process, (2) issues introduced by the panelists which warranted further discussion, and (3) topics that should be considered at Workshop III. A summary of the major points brought forth during that informal discussion follows:

1. Need was expressed to have resource persons at the next workshop who would address the process for implementing the concepts and suggestions presented by the Workshop II panelists. It was felt that the workshop schedule did not allow participants the opportunity to reflect on the implications of issues presented or to exchange ideas which could be directed toward building strategies for implementing change.

2. Another comment focused on the need to establish short-term or transitional goals for dental hygiene education based on present consumer needs for preventive oral health services. It further was suggested that there was need to develop a basic philosophy which would serve as a conceptual frame of reference for prioritizing short and long-term goals.

3. Another point of discussion focused on the nominal group process which was used during the groups' deliberations. Some participants expressed concern that the process hampered discussion. It was felt that the process was not followed consistently and therefore some groups felt frustrated. It was suggested that at the outset of Workshop III a more detailed orientation be provided to group leaders or that another discussion process be used.

4. The last major area of comment was planning for Workshop III. Suggestions included:

   a. Giving participants advanced information to prepare for Workshop III, such as, providing each participant with a copy of the proceedings from Workshop II, with definitions of terms to familiarize participants with the content focus, and a preliminary list of reading references.
   b. Providing all those in attendance at Workshop III with a detailed orientation of the goals, deliberations and outcomes of Workshops I and II.
   c. Inviting more dental hygiene practitioners to attend Workshop III since practitioners have an understanding of the realities of the marketplace and of the timely need to move forward on issues that will advance the future of dental hygiene practice.

d. Using representatives from various dental hygiene programs as resources for Workshop III. This would enable more individuals to be directly involved in the implementation process.

POSTER SESSION ON DENTAL HYGIENISTS' ROLES

The poster session on dental hygienists' roles conducted prior to Workshop II provided the initial stimulus for participant's discussions. The posters on innovative roles described what is being done now by dental hygienists and proposed roles for dental hygienists.

Workshop participants were able to view posters and discuss the roles. The poster session provided an opportunity to interact with dental hygienists actively engaged in many of the roles that were to be discussed during the three day workshop.

Abstracts and summaries of the posters follow the list of the presenters.

Poster Presenters

"Community Health Dental Hygiene"	Patricia L. Bowen Fort Knox, KY
"Change Agents Expand Career Options: Dental Hygienists in Hospitals"	Marcia Brand Thomas Jefferson Univ. Philadelphia, PA
"Dental Auxiliary Training Program, Roles for Dental Hygienists"	Cynthia Chappelka Paula Parise Janet Scharer University of Kentucky Lexington, KY
"The Dental Industry - A New Role for Dental Hygienists"	Marianne S. Clancy Kathleen Ferraro Cynthia Noonan ORAL-B Laboratories, Inc.
"Health Promoter"	Gloria Crawford Deborah Miller Masters Candidates University of Iowa
"Patient Care Coordinator"	Diane Curley Ligourie Shinnamon University of Maryland Baltimore, MD
"A Dental Hygienist as a Manager"	Sara Dunham Health Dent, Inc. Atlanta, GA

"The Dental Hygienist as Researcher"	Beverly Entwistle University of Colorado School of Dentistry Denver, CO
"Coordination of a Clinical Cleft Palate Team - A New Concept in Dental Hygiene"	Robin Faris West Virginia University Morgantown, WV
"Dental Hygienist - Entrepreneur"	Jane Forrest Maple Shade, NJ
"Change Agent - Creating Change through the Legislative Process"	Sharon Golightly Fort Steilacoom Community College
"The Dental Hygienist as Coordinator of a Dental Service for Persons with Disabilities"	Lynette A. Lancial University of Iowa Iowa City, IA
"Nursing Home Dental Services Director"	Mary M. Masterson Portland, OR
"Hospital Dental Hygiene"	Kathryn Parsons Moore The Oregon Health Sciences University Portland, OR
"The Role of the Dental Hygienist as a State Dental Public Health Program Director"	Ruth Nowjack-Raymer Ohio Department of Health Division of Dental Health Columbus, OH
"Gerodontic Project Coordinator"	Martha Jane Reynolds Dental Health Programs Dallas, Texas
"Hospital Dental Hygiene"	Ardath Cox Rynning VAMC Atlanta, GA
"The Dental Hygiene Associate"	Mary Jo Vanderah Coquitham, BC Canada

Community Health Dental Hygienist
Particia L. Bowen

Serves as the Community Health Dental Hygienist with authority from the DENTAC Commander and Preventive Dentistry Officer to organize, develop, implement, and evaluate an installation-wide dental public health program. Also serves as Directorate of Dental Services, USA health Services Command, point of contact for Community Health Dental Hygienists. The major functions of the job are program development, organization, evaluation, program administration, coordination and consultation. Consults and assists other HSC Community Health Dental Hygienists in organizing programs.

Provides technical assistance to military and civilian communities on matters of dental public health emphasis on military programing. Assists the Director of Dental Education in providing instructional material to the General Dentistry Residents. Responsible to the DENTAC Commander and his staff on dental public health matters and coordinates with the post staff personnel to plan an integrated public health education program.

Participates in the Dental Education Committee and reports on the public health dental and clinical programs. Recommends effective preventive dentistry techniques, supplies, and equipment. Maintains close liaison with Community Health and school nurses, Red Cross, PTA, and other interested groups to maintain support for and promotion of the dental public health program. Functions as the resource person in dental public health for commanders, school personnel, members of the dental and medical staff, and members of the community. Provides assistance in administering extern programs.

Conducts installation assessment surveys to determine size, type, and needs of population to be served. Develops various programs and systems of instruction which recognize the separate and distinct needs of the audience. Programs are develcped for transient and permanent party military personnel, dependents and retired personnel, including special needs personnel. Develops, selects and/or obtains educational programs through instructional methods of presentation, supervision, training and workshopping. Develops evaluative instruments on the effectiveness of the dental public health programs, and recommends modifications and follow-up actions on the programs to the DENTAC Commander and staff. Is responsible for informing commanders, school, and hospital administrators and others of the extent and

effectiveness of the dental public health program. Develops systems and methods of authorized personnel access to the dental care delivery system. Plans, leads and/or conducts dental inspections of troops and dependents as required. Is responsible for Red Cross Dental Assistant training. This includes didactic instruction and practical presentations combined with evaluation, task, and skill analysis. Coordinates and technically supervises Red Cross staffing in five dental clinics and advises clinic chiefs and commander of program status.

Acts as point of contact for Community Health Dental Hygienists for the Directorate of Dental Services, US Army Health Services Command. In this capacity workshops personnel from other posts on dental public health programming in the Army. Disseminates information on major dental public health programs. Addresses conferences and professional groups on dental public health matters. Advises HQ, HSC of both comprehensive and isolated problems in the field and makes general recommendations as to need for immediate or long term attention.

Change Agents Expand Career Options: Dental Hygienists in Hospitals

Marcia K. Brand

This presentation describes two roles for dental hygienists: the role of a change agent, who systematically develops career alternatives for dental hygienists; and the role of the hospital dental hygienist, a career option that is developing as a result of these activities.

An educator in a post-certificate dental hygiene education program, with an emphasis on preparing graduates to work in alternative settings, must be a change agent and develop roles for dental hygienists in these settings. A systematic analysis of barriers to gaining employment; removing resistance; changing attitudes, beliefs, and values of dental hygienists and potential employers; instructing students in essential knowledge and skills; and placing graduates in these settings are activities of a change agent. The example used to illustrate this process is the development of the role of the hospital dental hygienist.

For hospital dental hygiene, gaining access to the hospital setting requires financial, attitudinal and legislative changes. Barriers to be eliminated include restrictive supervision clauses in state practice acts, demonstration of the feasibility of hospital dental hygiene programs, and increasing understanding among hospital employers and employees. Dental hygienists lack knowledge and practical experience in hospital dental hygiene, so these must be provided. There is need to develop organizational liaison with professional groups active in the hospital setting, such as the American Association of Hospital Dentists. Finally, placement mechanisms and potential employment sites must be developed through externships and networking.

These activities of analyzing, identifying barriers, modifying attitudes, providing knowledge and experience, and placing graduates can be applied to many settings as dental hygiene change agents systematically explore and expand career alternatives.

Dental Auxiliary Training Program
Roles for Dental Hygienists

Janet Scharer
Cynthia Chappelka

The goal of the Dental Auxiliary Training Program at the University of Kentucky College of Dentistry is to assist institutions, agencies and organizations throughout the United States and other countries in the planning, development, implementation and evaluation of programs to train dental auxiliaries.

A core of professional staff works together to develop material to accomplish the program's goals. These materials include written, illustrated instructional units; slide series and videotapes. The staff includes a dentist, dental hygienists, dental assistants, artists, photographers, an English as a second language specialist, a videoscript writer and a media development officer.

There are four dental hygienists with the project whose roles are: Program Administrator, Subject Matter Expert and Technical Training Consultant. The responsibilities of these roles encompass planning, development, implementation and evaluation of didactic clinical and mediated instructional materials. Specifically, the Program Administration is responsible for planning and designing the four level curriculum, supervising content development and revision, coordinating production and evaluation, and maintaining liaison between the University of Kentucky and the contractor.

The two subject matter experts are responsible for module development and revision, extra-textual development (photography, slides and videotapes) and peer review.

The responsibilities of the Technical Training Consultant include on-site review, evaluation and review of the instructional materials. In addition, the Technical Training Consultant maintains liaison between the University of Kentucky and the country or institution that has contracted for the program.

The skills, education, knowledge and attributes needed for this program are many and varied. They include traditional dental hygiene knowledge supplemented by more sophisticated skills such as teacher preparation and instructional design, time management, communication skills with dental and non-dental personnel, an orientation to cross cultural

environments and English as a second language, resource development and utilization, and computer literacy.

Specifically, time management and communications skills are essential for consultation and interaction with dental specialists, artists, photographers, models, personnel in video production and word processors, all of whom are essential to the process and goals of the program.

Orientation to cross cultural environments is an important component of the planning and development process. If the program is contracted by a foreign country, materials must be developed with a sensitivity and understanding of that country and its language and culture. The ability to write technical information at a level that can be understood by a learner not proficient in English is imperative to the success of the program and the learning process.

The educational background and experiences of the four dental hygienists in the program are based upon non-traditional personality traits, career goals and educational backgrounds. As an example, the undergraduate education obtained includes majors in sociology, health education and psychology, community health and occupational education. The diversity within and among each individual and degree program nurtured desires for alternative roles in the dental hygiene profession.

The desire for constant growth and challenge led each of the dental hygienists to pursue graduate education. Again, the graduate educational backgrounds are diverse with emphasis in health education, pathology, policy and program planning and development, and education.

The personal attributes and various educational and experiential backgrounds are reflected in the tendency for a willingness to assume new roles that are interesting and challenging but may not provide traditional job security. It is these attributes that are necessary for effectiveness in positions in this project.

The roles for dental hygienists in this program benefit the profession by providing new career options. The program enables a dental hygienist to use advanced skills, knowledge, education and creative attributes. As highly skilled and knowledgable members are desired in any profession, the availability of roles in which one can apply these skills provides challenges for the dental hygienist who has a desire for constant growth and who views the non-traditional role, not as a risk but as an opportunity.

The Dental Industry
A New Role for the Dental Hygienist
Role Title: Professional Programs Specialist

Cynthia Noonan, RDH, BS
Manager, Oral-B Professional Programs

Marianne Clancy, RDH, BS
Kathleen Ferraro, RDH, BS
Oral-B Professional Programs Specialists

Qualifications:

- Experience in clinical dental practice
- Technical knowledge of dental products
- Excellent verbal and written communication skills
- People oriented and diplomatic
- Self-motivated
- Flexible
- Creative thinker
- Basic understanding of marketing

Responsibilities:

- Manage established territory between company and dental professionals re: all professional program components
- Provide educational lectures for all interested parties within territory
- Provide feedback to company from professional audiences within territory
- Coordinate activities with oral health field representatives

Objectives:

- Establish forum for professional development
- Provide information for oral health professionals through:
  - Research updates in preventive dentistry
  - Research grants
- Facilitate dialogue among members of the profession and between professionals and Oral-B through:
  - Symposiums
  - Advisory Boards
- Support professional sales/marketing efforts
- Enhance company/product image with oral health professionals

Health Promoter

Gloria Crawford, MS Candidate
Deborah Miller, MS Candidate
The University of Iowa

Society has reached a pinnacle in health consciousness unparalleled in history. This has resulted in the establishment of health promotion and health maintenance programs. These programs deliver a comprehensive range of interventions for a variety of risk factors including health screenings, risk appraisals, behavior modification classes, and educational programs.

The impetus for the establishment of health promotion programs has come from the business community. Employees are becoming more sophisticated in their health benefit desires as a result of the need for self-actualization and job satisfaction. Corporations are attempting to provide this through health maintenance programs. Educational institutions and governmental agencies are beginning to establish such programs. In addition, hospitals are in a position to offer wellness programs to both employees and to the community.

As health promotion or wellness programs continue to be established, properly trained administrators are needed. Many educational disciplines are interested in preparing individuals to assume this role, but few specific curriculums have been established. Working knowledge of developing, implementing, and evaluating programs is necessary. Experience in the provision of health services and an understanding of human behavior is essential.

Dental hygienists are health care providers with experience in promoting oral health awareness. For the health of the public, a comprehensive wellness program must include oral health components. With educational enhancement, dental hygienists can make a major contribution to these programs.

Patient Care Coordinator

Diane Curley, RDH, M.ED
Liguori A. Shinnamon, RDH, BS

In 1982 the University of Maryland Dental School established a development plan aimed at attracting and maintaining a sufficient patient volume to meet the increasing educational and financial demands of dental education in the 1980's and the future. As part of that plan, four dental hygienists were hired by the school to serve a dual role of patient advocate and student counselor.

Dental hygienists were chosen because of their patient treatment and management experience, their knowledge of dentistry, and their health education background. Each hygienist selected for the position has a minimum of a baccalaureate degree, five years clinical experience and is skilled in personal counseling.

As part of their responsibilities, the patient care coordinators interview new patients who register for care and discuss their expectations, explaining the school's policies, and serving thereafter as advocates for those patients when needed, Other reponsibilities include monitoring students' clinical progress, counseling students experiencing patient management problems, and conferring with faculty when individual students require special assistance. In addition, patient care coordinators are called upon to represent the school by speaking to various community groups.

This new endeavor has given rise to a new and exciting opportunity for the employment of dental hygienists in a nontraditional setting. It has also created a position of high visibility where hygienists are valued not only for their clinical abilities, but for their accumulated knowledge, skills, and experience.

A Dental Hygienist as a Manager
Health Dent, Inc.
Sara Dunham, RDH, BS

I. Job Title: Director of Practice Resources

II. Statement of Position:

The Director of Practice Resources is responsible to the president for the areas of 1. Dental Hygiene Program Administration; 2. Hygiene and patient care staff recruitment; 3. Training and coordination of training in clinical and non-clinical areas; 4. Specialty care supervision 5. Patient care coordination, and 6. Quality assurance coordination. The Director of Practice Resources supervises directly the specialty care coordinators and gives guidance and direction in their daily activities as necessary. In the area of hygiene programs, also she/he directly oversees all hygiene programs in the region including aspects of production, employee evaluation, training, and counseling. In the area of recruitment, the Director of Practice Resources is primarily responsible for recruitment and hiring of hygienists and assistants but also helps with the identification, interviewing, and hiring of other staff as necessary. She/he also provides a framework for and coordinates the training of all para-professional staff in the region. Working in cooperation with the facility administrator is critical in all of these areas and particularly in the area of patient care coordination wherein the Director of Practice Resources is charged with the responsibility of seeing that in all facilities in the region the patient care policies, procedures, protocols and standard practices of the company are carried out in each of the practices. This is done through management reviews and direct consultation with the facility administrators and coordinating assistants in each facility as well as through specific training. Finally, the Director of Practice Resources functions as the staff assistant to the Director of Quality Assurance in organizing the details of that responsibility.

III. Responsibilities

A. Coordinates with facility administrators, operations managers, chief dentists, coordinating hygienists, coordinating assistants, and the Director of Professional Practice.

B. Supervises specialty care coordinators and other clinical staff as assigned.

IV. Key Responsibilities

A. Hygiene:

1. Oversees the training, evaluation, and practice of all hygienists in consultation with the chief dentists and facility administrators.
2. Establishes standards of practice for all hygienists.
3. Assures the regional management executive committee of the highest quality of care by hygienists in the region.
4. Evaluates products, instruments, and equipment used in preventive care.

B. Recruitment and Hiring:

1. Recruits and hires hygienists and assistants for facilities in the region following established guidelines for recruitment and hiring.
2. Assists in the development and hiring of other staff as requested.
3. Helps in the development and implementation of recruitment and hiring policies and procedures.

C. Quality Assurance

1. Functions in assistance to the Director of Quality Assurance as the Quality Assurance Coordinator organizing audits, scheduling audits compiling data and doing preliminary analysis for the quality assurance committee.
2. Participates as an ex officio member of the Quality Assurance committee.

D. Staff Development Training and Motivation:

1. Serves either as a leader or participant trainer in motivational and procedural training of all staff.
2. Monitors and maintains records on training of all patient care and hygiene staff.
3. Works with coordinating assistant to train patient care staff.
4. Selects appropriate training resources and materials for professional and para-professional staff.

E. Accreditation

1. Assures the president that protocols dealing with sterilization, patient care, and emergency procedures are understood and effectively and efficiently carried out.
2. Assists the chief dentists in the development and implementation emergency procedures in the facilities.

F. Operation of Clinical Programs:

1. Oversees and manages the speciality care areas of the practice through specialty care coordinators assigned in each area.
2. Accepts other duties and responsibilities from time to time as determined by the president.

V. Qualifications for Position:

A. Registered dental hygienists, preferred.
B. Previous management experience.
C. Previous training experience in workshops and course presentations.
D. Demonstrated skill and ability in working effectively with people.
E. Good communication skills.
F. Knowledge of accreditation process.

It is extremely beneficial when a dental hygienist fills the position, as it requires specific knowledge to establish the standards of clinical practice for dental hygienists and coordinate the quality assurance program and work with the company accreditation committee. This position also requires management of the coordinators for all the specialists and dental hygienists. The individual who holds this position assumes a variety of positions in the organizaiton and will interface with most of the staff.

The Dental Hygienist As Researcher

Beverly Entwistle, RDH, MPH

"Basic Scientific Question: What the devil is going on here?"

I. Research Attitudes and Behaviors

- A. Maintain an inquisitive, discriminating attitude
- B. Develop a perspective of "relevance" and "importance"
- C. Update knowledge and skills through "continuous learning"
- D. Utilize analytical skills at every opportunity
- E. Solicit peer evaluation and support
- F. Identify and use relevant mentors
- G. Establish a network of people with similar interests
- H. Interact with non-dental professionals
- I. Practice effective written and oral communication
- J. Create your own opportunities

II. Research Foci and Influencing Factors

- A. Foci
  1. Clinical
  2. Behavioral
  3. Educational
  4. Basic Science
- B. Influencing Factors
  1. Interests
  2. Motivation
  3. Resources
  4. Opportunities

III. Identifying Significant Events and Goals (PEP)

- A. Personal
- B. Educational
- C. Professional

IV. Creating an Impact

- A. Improve products and techniques
- B. Change responsibilities and practices
- C. Increase the demand for our skills
- D. Enhance the credibility and visibility of our profession
- E. Create more employment options

Coordination of a Clinical Cleft Palate Team
A New Concept in Dental Hygiene

Robin O. Faris, M.A.
Department of Dental Hygiene
West Virginia University

ROLES:

1. Extended-care function
2. Health care administration
3. Alliance with health professionals
4. Community dental health service

DUTIES:

1. Directs staffings
2. Plans the clinic
3. Organizes treatments
4. Acts as student preceptor
5. Acts as parent/patient advocat
6. Maintains oral health
7. Manages personnel
8. Maintains patient files
9. Provides patient education

Dental Hygienist-Entrepreneur
Jane L. Forrest

As President of Dental Power of Delaware Valley, Inc. (DPDV), a professional staffing service for dental personnel, my role is very diversified. Starting the business as a sole proprietor in 1982 required that I do everything. This included establishing all office systems, purchasing supplies, designing marketing materials, interviewing all applicants and taking job orders, secretarial duties, bookkeeping, long range-planning, and maintaining compliance with state laws.

Fortunately, since DPDV is a franchise, I had guidance in most of these areas. Two and one-half years later, with the addition of a partner and two staff members, my role is now more structured. I still have overall responsibility for the operation of the business, however, my primary responsibilities now focus on making permanent placements, marketing and community liaison, developing the continuing education division, providing management consulting services and managing the financial aspects of the business.

The skills and knowledge necessary to fulfill the hygienist-staffing entrepreneur role include:

Skills	Knowledge
Planning	Dental Practice
Organizing	Personnel Credentials
Communication	Marketing Strategies
Decision making	Accounting
Evaluation	Technology
Supervision	State Regulations
Negotiation	Practice Management
Counseling	

Much of the needed knowledge and skill development can be acquired through additional education and as one is establishing the business, especially in the case of being a franchise. The foundation and credibility of the business, however, is built on having "experienced" dental practice. The staffing-entrepreneur role is appropriate for a dental hygienist to fill as well as being excellent for dental hygiene. This role provides an exciting career opportunity for those self-directed hygienists who wish to utilize their dental background and continue their education, and who are seeking independence in a nonclinical setting.

Change Agent
Creating Change through the Legislative Process
Sharon S. Golightly, MS

Introduction

The book, "In Search of Excellence," discussed that behind every successful business or enterprise one will usually find an individual that is dedicated to the success of that endeavor. This person is identified as a monomanic (a single minded individual). This same type of individual is needed to effect change in the legislative area for dental hygiene.

Skills and Knowledge Needed

- Possess good people skills. Be able to motivate and direct the efforts of others (a communicator).
- Good public speaking skills, one has to be articulate and be able to think on one's feet.
- Knowledgable on subject area, well read and researched on the subject matter.
- Organizational skills to be able to prioritize what needs to be done, to select individuals for certain tasks i.e., testimony, lobbying, research, campaigning and other needed tasks.
- Know the legislative process and the players. Be "politically realistic." (What can be accomplished?) How to work with a lobbyist and political coalition groups.
- Decision making skills are needed, the ability to weight the consequences of political actions for the short-term and the long-term.
- Have a vision of where the organization is going with the legislative process and have a personal commitment to see the project through.
- Be visible in the community, in dental hygiene and in your local communities, activities and organizations. Participation creates credibility and reputation.

According to Kenneth E. Clark, President of the Center for Creative Leadership in Greensboro, North Carolina -

> "If you examine the primary qualities that outstanding, successful leaders have, some adjectives that come up all the time are energetic, outgoing, organized, decisive and detail oriented. Leaders get their information primarily face-to-face, working with other people. They don't read long reports, they're not scholars.
>
> They are also doers; along with that, such persons, in order to be successful, need to have the trust of the people they lead. People have to recognize that it is in their best interest to follow."

Responsibilities

Be optimistic - exude confidence
Keep current on all the issues
Keep a file on activities and issues
Avoid burnout
Stay motivated
Keep healthy
Motivate and praise others that are involved
Delegate responsibilities and give recognition.

Summary

Dental hygienists would be well-suited for the role of change agent because of their training and preparation. Their education process teaches them to deal with people on a one-to-one basis and in large groups. They will also have completed many courses in dental and basic sciences as well as general education courses, especially in a baccalaureate degree program.

Changes in the dental hygiene profession have to come through the legislative process, i.e., regulation and practice settings is a state's rights issue.

Legislative changes are necessary for dental hygiene to remain a viable profession and to enable the profession to better serve the American public.

The Dental Hygienist as Coordinator of a Dental Service for Persons with Disabilities

Lynette Lancial, RDH, BS, MS

The dental hygienist employed by the Division of Developmental Disabilities is also an adjunct assistant professor with the Department of Pediatric Dentistry of the University of Iowa, College of Dentistry. This job appointment allows the hygienist to participate in a combination of service, teaching and research activities beneficial to patients and students.

The educational background desired for the position includes a Master's degree in dental hygiene or public health dentistry. A hygienist with an advanced degree is well-suited for the demands of the position which involve both service and teaching components. In addition, areas of required knowledge include dental problems of the disabled, basic pediatric dentistry concepts and counseling techniques.

Services rendered by the hygienist are mostly nontraditional. Primary to her role is her participation on interdisciplinary teams that evaluate and treat infants, children and young adults with disabilities. By acting as the dental consultant on these teams, oral health needs are integrated into the patient's program. As dental liaison, she also provides counseling in the areas of oral health and can discuss with the parents a child's dental needs and dental health that have been planned or provided. Training and consultative services are also provided to group homes and agencies statewide.

As coordinator of a statewide program that provides free dental services to eligible disabled children and young adults, she assumes responsibility for public relations, patient identification and coordination of dental services rendered by 11 clinics in the state.

As faculty, she provides general clinical supervision and didactic instruction to undergraduate students as well as pediatric dentistry residents. Teaching and lecturing responsibilities are split between a number of departments including pediatric dentistry, dental hygiene, family dentistry and education. She also actively participates in continuing education presentations, research and publications.

As an advocate of dental care for persons with disabilities, the hygienist can personalize the dental services and assist in removing barriers to care through service, teaching and research in both old and new areas of dental hygiene.

Nursing Home Dental Services Director
Mary M. Masterson, BS, RDH

I. Qualifications

A. Skills:
1. Communication
2. Make decisions
3. Organizational
4. Clinical

B. Knowledge:
1. Understand these areas of adjustments the patient has to deal with:
   a. physical/medical changes
   b. financial changes
   c. psychologic/sociologic changes
2. Understand and appreciate the types of care given the patient from other health care professionals.
3. Know what the state requirements are concerning:
   a. patient rights to request/waive dental care.
   b. The Home's responsibility to provide basic oral hygiene and dental care.
4. Understand which social programs might provide dental care coverage for the elderly at Federal, State, and Local levels.

II. Responsibilities

A. Nursing Home - ensure the Home complies with state regulations
1. Denture marking, annual oral exams, staff inservices, patient oral hygiene care.
2. Observe legal rights of patient to request/waive dental care.
3. Keep records.
4. Follow policies and procedures to direct and maintain the program.

B. For the patient in the Nursing Home
1. Provide oral health care (OHI, prophies, etc.).
2. Assess and evaluate needs and treatment.
3. Refer patient for proper treatment.
4. Consult/advise - with patient and family.
5. Liaison - communicate information to all persons involved.
6. Advocate patient's needs and concerns.

C. Management-Direct the Dental Program and Office:
1. Record keeping.
2. Recall system.

3. Billing of services.
4. Scheduling of patients.
5. Ordering supplies.
6. Handling correspondence.
7. Obtaining donations.
8. Maintaining equipment.

III. Key Functions

A. Facility Planner - Directed/coordinated the following:
1. A bathroom became the future dental room.
2. With the advise of a volunteer dentist, a budget was decided, supplies were ordered.
3. Home and patient needs assessed via initial oral exams.
4. Obtained donated equipment.
5. Established dental program.
6. Contracted a dentist to be on staff.

B. Patient Care Coordinator - Team approach for patient treatment
1. Functions as the primary contact person for dental needs.
2. Promote the needs of the patient's needs and concerns.
3. Arrange dental care for the patient.
4. Work with other health care professionals in treatment planning.

C. Consultant/Advisor
1. Listen, explain, give suggestions regarding questions, etc.
2. Patient evaluation/assessment done.
3. Treatment plan initiated based upon the facts gathered and discussion with other people involved.

D. Liaison
1. Communicate patient's needs, progress, concerns.
2. Educate family members about dental health importance for the patient.
3. Explain treatment being done so the patient and family understand.
4. Communicate family concerns with other health care professionals involved.

E. Educator/Clinician
1. Group inservices/individual patient-aide care inservices.
2. Promote preventive dental care.
3. Prophies, OHI, etc. provided
4. Special patient involved: the Elderly
   a. Alzheimers
   b. Cardio-respiratory problems
   c. Dementia

F. Administrator/Manager

1. Assess/evaluate program.
2. Meet state requirements.
3. Keep records.
4. Schedule patients.
5. Order supplies.
6. Correspondence/Donation requests.
7. Update and follow program's policies and procedures.

This role is beneficial for the Dental Hygiene Profession:

1 - Another avenue, area, is available.
2 - It educates the dental/dental hygiene profession, other health care professionals, and the public that dental hygienists have skills and knowledge available to do more than "Clean teeth and preach toothbrushing and dental flossing."

Hospital Dental Hygiene

Kathryn P. Moore, BS, RDH

The Hospital Dental Service is a unique and vital agency; it is a statewide referral center accepting patients with multiple disabilities who cannot be treated in most private offices. It is located in Portland, Oregon, as part of the Oregon Health Science University.

Hospital dental hygiene requires a broad educational background strong in the basic sciences, disease processes and prevention, teaching and counseling, leadership and communication as well as a sincere interest in working with disabled people. Current state licensure is required including certification in administration of local anesthetic and nitrous oxide/oxygen sedation.

Responsibilities include:

- Providing preventive oral hygiene services for severely medically compromised patients; cancer, kidney disease, cardiovascular disease, mental and physical handicaps, bleeding disorders and infectious diseases.

- Providing lectures and in-service training to hospital staff and support groups.

- Instructing and supervising dental hygiene students in treating the medically compromised patient.

- Consulting with and orienting residents in oral surgery, general dentistry, pedodontics, endodontics and periodontics, hospital staff and medical residents and coordinating comprehensive care for patients.

- Acting as patient and staff advocate and spokesperson for clinic and Oregon Health Sciences University.

- Managing patient flow/assignment for the clinic.

Hospital dentistry provides a great personal challenge to our profession in many ways such as:

- Providing care for people who are at high risk of medical complications due to oral infections.

- Educating health professionals in the relationship of oral health to general health and the role of the hygienist in health promotion and care.

- Providing a learning experience in the hospital for other dental hygienists.

- Allowing hygienists to expand and apply knowledge of health and disease in assessing the need.

- Utilizing reports of research in adapting protocol and procedures for treating medically compromised patients.

The Role of The Dental Hygienist as a State Dental Public Health Program Administrator

Ruth Raymer, RDH, MPH

Background

The goal of the Ohio Department of Health, Division of Dental Health is to improve and maintain the oral health of all Ohioans by the prevention and control of dental diseases and by the promotion of dental health. To that end the Division has mounted an aggressive campaign of effective program planning and implementation strategies.

The Division currently consists of a dental director, (a public health dentist), 27 dental hygienists and three support staff. Of the 27 dental hygienists, seven hold Masters degrees, an additional two will receive Masters degrees by year's end. The remaining 18 dental hygienists hold Baccalaureate degrees, which are required for employment in the Division. The positions held by the dental hygienists include 18 dental consultants, five district field supervisors, one program administrator, three program coordinators (an additional program coordinator position is unfilled).

The Division is divided into five major content areas which include:

- Community-based Programs -- community water fluoridation - School-based Programs -- fluoride mouthrinse program - Special Needs Program -- mentally retarded and developmentally disabled - Health Education Program -- curriculum design, dental hygiene school liaison, materials development, workshop coordinator (Position remains unfilled at this time) - Dental Care Programs -- Project Head Start, Child and Family Health Service Projects, Women, Infant and Children Program, city and county health department liaison, grant review, state health planning, research.

Dental Care Program

The Dental Care Program began in September 1984 when the coordinator position was filled. Dental consultation, oral health promotion and dental disease prevention, and training and technical assistance is coordinated through the program for the 52 Grantee Agencies of Project Head Start, 67 Child and Family Health Service Projects, 88 Women, Infants and Children's Programs (WIC), and city and county health departments. Policy issues e.g. dental hygienists' supervision, Medicaid reimbursement and day-care licensing

rules, fall under the purview of the Dental Care Program. Research is planned in the area of Nursing Bottle Syndrome interventions.

Program Coordinators Functions and Skills

A wide variety of functions are performed by the Dental Care Program Coordinator in developing the Unit. The major areas of function are:

- Administration
- Program Planning
- Training
- Policy Development
- Research
- Technical Writing

While the skills required for each of these areas overlap, they can be categorized in the following manner.

Health planning administration requires a knowledge of the dynamics of organizational structure, staffing, lines of communication, and conflict resolution.

Program planning which includes program development, implementation, coordination and evaluation necessitates the ability to conduct needs assessment, program development based on the completed needs assessment, program evaluation strategies, and reviews of the methods of local provision and finance of dental services.

Training of dental professionals, allied health professionals and various agency staff must occur once the program is established. The specific skills utilized in the training process are establishing behavioral objectives, assessing the target population, developing appropriate training methodology and techniques, public speaking, evaluating outcome.

Policy development and implementation are often crucial to the maintainence and expansion of programs. The nature of the US health care delivery systems often require public health officials to be involved in the legislative arena. Understanding of the political process, the development of leglislation/rules, network formation, coalition building, testimony writing and delivery and lobbying are keys to success.

For research results to be valid, the project must be designed and carried out under stringent conditions. Biostatistics, oral and general epidemiology, oral status

indexes, research protocol techniques, cost-benefit analysis, data analysis and computer applications are invaluable tools to research.

Technical writing is an essential function of public health administration. In addition to writing style; literature reveiw and critiques, reference citation styles, scientific writing format, abstracting, use of tables and illustrations and manuscript submission procedures must be known.

Dental Health Programs, Inc.
Gerodontic Project Coordinator
Martha J. Reynolds, RDH, BS

I. Knowledge/Skills

A. Professional Credentials
1. Bachelor of Science degree in dental hygiene, allied health, or education.
2. Current Texas Dental Hygiene Certificate.
3. Four years experience in dental hygiene or dental health education or a related health service.

B. Abilities
1. Oral disease prevention and oral health maintenance.
2. Dental health education methods and their application in community dental health programs.
3. Community organization and group dynamics.
4. Awareness of economic, social, and culltural forces in the community impacting on the health and well-being of the aged.
5. Ability to work effectively with senior citizens, especially the economically and socially deprived.
6. Apply oral disease preventive and oral health maintenance procedures in programs for the aging.
7. Plan, organize and take action or make recommendations in dental health services for the aging.
8. Work effectively and constructively with other health service disciplines.

II. Typical Tasks

A. Provide consultation on oral disease prevention and oral health maintenance.
B. Seek avenues for obtaining community, financial support.
C. Coordinate oral disease preventive services at the nutrition sites.
D. Organize and conduct seminars and in-service training in dental health for other health disciplines involved in health services for the aged.
E. Speak before various community groups.
F. Prepare, select, assemble and distribute a variety of health promotion and educational materials for the aged.
G. Summarize and interpret technical and scientific data and information and write and edit reports and articles for professional and general public.
H. Prepare and submit monthly statistical and narrative reports.

Hospital Dental Hygiene
Ardath Cox Rynning, RDH

Education and Background

B.S. Degree, Dental Hygiene, University of Washington

B.S. Degree, Public Health, Towson College

Basic business background

Managed private dental offices

Attended continuing education and private courses in Head-Neck Oncology, Oncology and the Oral Cavity, Assertiveness Training, Executive Speech Course, Geriatric Nursing, etc.

Became involved in total patient care of the hospitalized patient by active participation with other disciplines.

This role expands the functions of the dental hygienist, making her a highly visible person involved with all professional services of the hospital.

Expanded Role of the Dental Hygienist

Oncology Conference - ENT/Plastic weekly disposition conference.

Chemotherapy lectures on oral care to the nurses.

Bi-monthly orientation lectures for incoming nursing personnel.

Nursing Home responsibilities: Recall; examinations; attending weekly conference.

Hospital Education Committee - Sub-committee on screening education materials.

Clinical Dental Hygienist

Clinical Dental Hygiene Instructor, DeKalb Community College Department of Dental Hygiene.

Lecture to Emory University dental students.

Prepare educational materials for dental patients - handouts, pamphlets, slide-tape presentations.

Affiliate of the American Heart Association.

The Dental Hygiene Associate

Mary Jo Vanderah

The term Dental Hygiene Associate is utilized for the purpose of elevating the hygienist from an employee to a professional business associate. It is one step to becoming an independent hygienist while working within the structure of conventional office dentistry as we know it today.

To obtain this status one must assume the complete responsibility of creating a Department of Dental Hygiene within each office participating. This concept includes all aspects of Team Dentistry except that the Hygienist is solely responsible for the flow and success of the Dental Hygiene practice. The skills and knowledge are basic and obtainable to all hygienists:

1. licensure and commitment
2. practice/management
3. marketing
4. small business knowledge and
5. financial planning

We have been trained as professionals: this mode de operandi acknowledges that status and allows us to utilize our talents professionally and personally.

Knowledge and Skills

- Graduation from accredited hygiene program
- License from governing body in area
- Hygiene experience under actual working conditions
- Understanding of patient care and production

Responsibility of the Dental Hygiene Associate

- Collection of data for audit
- Creation of information system
- Set up hygiene daily calendar
- Confirmation of preventative therapy appointments
- Marketing of practice to patient

Practice Management and Organization of Dental Hygiene Department

- Practice Audit
- Implementation of Program
- Appointment Scheduling
- Preventive Therapy Appointment
- Practice Marketing
- Financial Planning
- Small Business Know How

EVALUATION OF DENTAL HYGIENE WORKSHOP II

A questionnaire was distributed to workshop participants following the final general assembly session. Excluding members of the Steering Committee and official representatives of the American Dental Hygienists' Association Board of Trustees, 175 individuals participated in the Workshop. However, a number of participants departed before adjournment of the final session. Questionnaires were completed and returned by 86 participants. Based on the total of 175 dental hygiene educators and practitioners attending, the response represents 48 percent of the participants.

The questionnaire was designed to evaluate the extent to which the:

1. three workshop goals were met;
2. panel presenters provided background and scope to support the goals;
3. poster session supported different roles of hygienists;
4. nominal process affected workshop goal achievement;
5. group discussion leaders and general session moderators facilitated discussion and consensus;
6. workshop format affected consensus including such factors as size of group sessions and time allocations;
7. Workshop I Proceedings were accurate and provided adequate background;
8. location of the workshop, hotel accomodations and meeting rooms were appropriate;
9. and, registration fee and breaks/meals were appropriate.

The questionnaire included 20 questions to determine the extent of the participants' satisfaction with specific aspects of the Workshop, each of which required a rating from one through six. A rating of one or two indicated that the respondent was very satisfied; three or four indicated moderate satisfaction; and five or six indicated dissatisfaction.

Respondents also were asked to list three strengths and three limitations of the Workshop, and to offer other comments.

The mean of the ratings for all 20 questions was 2.61, and the median was 2.37. Panel presentations were rated the highest, with a mean of 2.02 and median of 2.00. Time allocations for the discusion sessions were rated the lowest, with a mean of 3.89 and a median of 3.00.

Responses to the questionnaire indicate that the Workshop was a success. Participants were most satisfied with the panel presentations and the poster session. Although they expressed some dissatisfaction with the nominal group process, they rated it moderately satisfactory. Several respondents commented that it was useful in accomplishing the Workshop goals. Time allotted for discussion was a source of frustration. However, respondents indicated that they were moderately satisfied with the opportunities for discussion.

The panel presentations, interaction during the workshop and opportunity to express opinions and provide input, and workshop organization were most frequently identified as major strengths. The nominal process, participants' propensity to edit during general session discussions, and limited time for group discussions were most frequently identified as the major limitations. Respondents consider the Proceedings of Workshop I an accurate and complete report of what occurred at that Workshop.

A number of suggestions for format and content of Workshop III were offered. Responses and suggestions will be helpful in planning Workshop III.

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Palmateer, Trudy	Owens Technical College, OH
Palmer, Marsha	Illinois
Parise, Paula Marie	University of Kentucky
Parks, Edwin T.	Western Kentucky University
Patterson, Cathlyn Ann	Lakeland Community College, OH
Pattison, Anna M.	University of Southern California
Pelton, Elizabeth	University of Iowa
Pfeiler, Patricia	Southern California DHA
Pennell, Recie	Johnson County Community College, KS
Peterson, Ruthann	Milwaukee Area Technical College, WI
Ramsay, Patricia Crane	Forsyth School for Dental Hygiene, MA
Rausch, Robin Marie	Washington State DHA
Rauschenbach, Suzanne	University of Missouri/Kansas City
Reynolds, Martha J.	Texas
Rinaldi, Cynthia F.	West Virginia DHA
Robinson, Linda L.	Lima Technical College, OH
Roman, Jocelyne D.	University of Bridgeport, CT
Ryan, Margaret M.	Steering Committee, OR
Rynning, Ardath Cox	Georgia
Sauer, Susan L.	Loyola University, IL
Scharer, Janet L.	University of Kentucky
Schierling-Wilkes, Janelle	University of Cincinnati, OH

Schlotthauer, Kathleen	Pennsylvania
Schmidt, Pauline	Steering Committee, OH
Schnurr, Barbara J.	University of Louisville, KY
Scoles, Dixie	Pennsylvania
Segal, Toby	Southern California DHA
Self, Joni	Pasadena City College, CA
Shannon, Shea	Southern California DHA
Shinnamon, Liguori	University of Maryland
Shouldis, Martha	West Virginia DHA
Simmons, Christopher	Owens Technical College, OH
Slemp, Pamela N.	East Tennessee State University
Steele, Pauline F.	University of Michigan
Tabor, Rebecca Garmon	Madisonville Community College, KY
Tate, Patricia S.	Ohio
Taylor, Glenna	University of New Mexico
Trapnell, Karen Lynn	Fresno City College, CA
Trilli, Kathryn	Texas DHA
Truax, Dr. Kurt H.	University of Arkansas
Turbyne, Cathy	Steering Committee, ME
Turner, Sarah A.	Hawkeye Institute of Technology, IA
Vanderah, Mary Jo	Canada
Vidak, Stephanie N.	University of Pittsburgh, PA/Doctoral Candidate
Wambach, Chris	Sheridan College, WY
Wann, Mary	Marquette University, WI
Wayman, Dr. Dona F.	Columbia University, NY
Weed, Alice K.	Mankato State University, MN
Wells, Karen Van Auken	Loma Linda University, CA
Wertz, Ann Rogers	Iowa
West-Winship, Sally	Steering Committee, MO
Westphal, Cheryl	Fairleigh Dickinson University, NJ
Whitford, Lois T.	Mt. Hood Community College, OR
Williams, Angenetta M.	National Dental Hygiene Association, CA
Winkley, Gail P.	Medical College of Georgia
Wooten, Dorothy	University of Vermont
Yoder, Karen S.	Indiana Univeristy/Purdue University
Yokom, Nanci G.	Indiana University at South Bend
Young, Nancy	Indiana University/Purdue University
Zive, Ina	Cerritos College, CA

INSTITUTIONAL REPRESENTATION

INSTITUTIONAL REPRESENTATIVES - 127

CONSTITUENT REPRESENTATION

CONSTITUENT REPRESENTATIVES - 61

COMBINED REPRESENTATION

PARTICIPANTS - 188
INSTITUTIONAL REPRESENTATIVES - 127
CONSTITUENT REPRESENTATIVES - 61

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